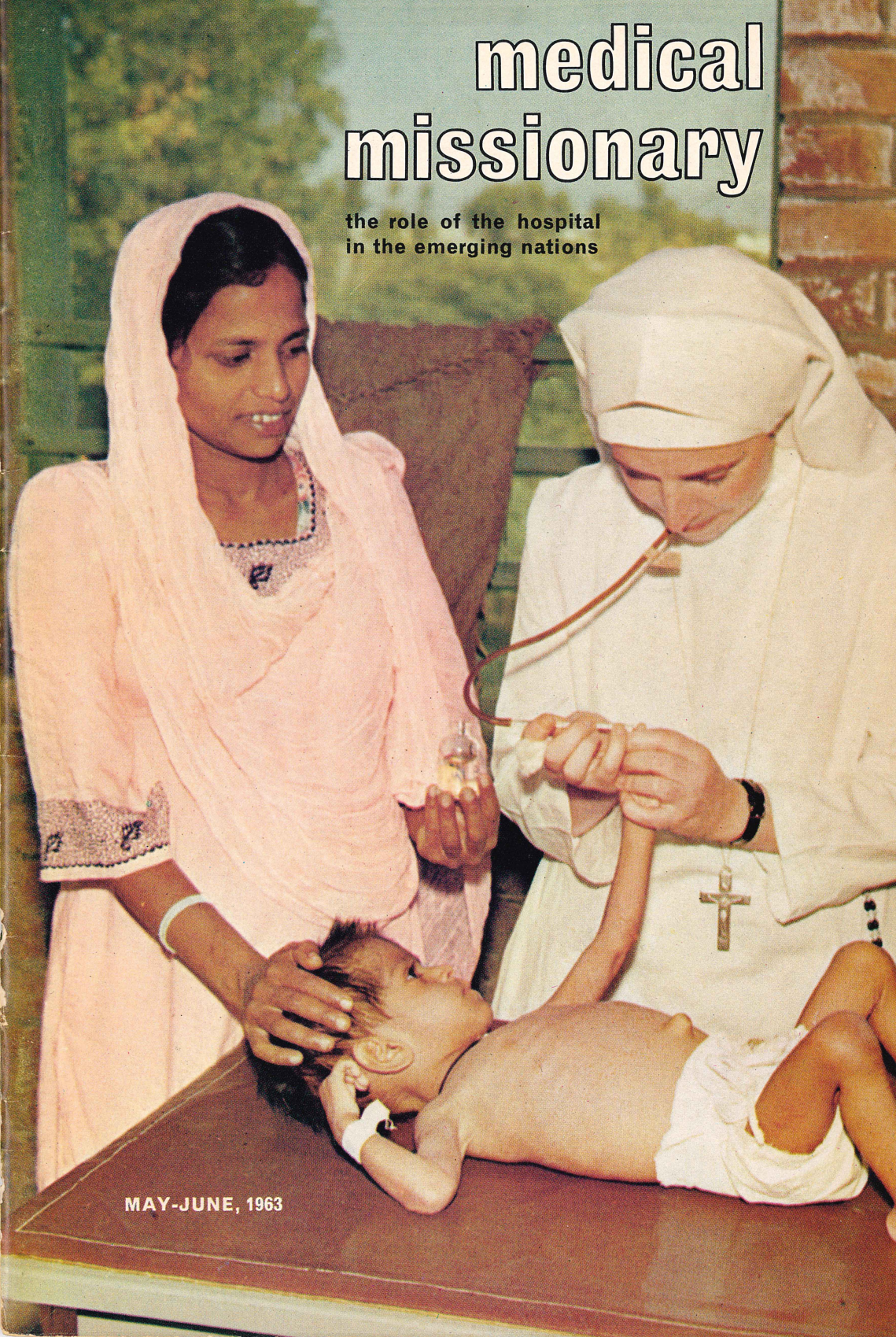

medical missionary

the role of the hospital in the emerging nations

MAY-JUNE, 1963

What the modern world expects of Catholics today is that they should incarnate human values in so obvious a way, that they should have so far-reaching a sense of other people's needs, so disinterested a capacity to help others in a competent manner, that a tangible proof of the truths of the Gospel is provided by their behavior in this respect.

Lebret

THE medical missionary

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Cover Photo: A Pakistani woman brings her child to Sister M. Kieran, Medical Technologist, for a blood test.

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2

TIMES OF DECISION

EDITORIAL

We live in exciting, accelerated, decisive times—times of technology—of fast-moving scientific discoveries—times of great contrasts and tensions, especially for the Christian who must "be in the contemporary world, but not of it."

1

TIMES OF GREAT CONTRASTS... Consider just a few facts:

In Pakistan—450,000 infants and 21,000 mothers die each year—5 times that of the U.S. and other western countries.

In India—at mid-century the standard of living in the U.S. was 35 times higher than in India or Pakistan.

In Latin America—About 40% of the people live in housing beneath the dignity of man—70% in single-room dwellings.

In the whole world—Hundreds of millions of people suffer from hunger while many Christian countries, in the West and the U.S. enjoy a surplus of this world's goods. Famine is on the increase. Those who once had enough food now have still more. Those who once had almost no food, now have still less.

TIMES OF GREAT TENSIONS . . . In the West, the Christian lives in the midst of material comforts that act as tranquilizers and dull their feelings towards the needs of their neighbors. The greater part of today's wealth is in the Christian countries; while non-Christian countries have so little.

Then, there are the two political blocs of East and West, corresponding to two ideologies, causing great tensions and upheavals . . . cold wars, etc.

3

TIMES OF DECISION . . . The Christian must live according to the principles of the Gospel. Herein lies the tension. Christians of the first centuries found the answers to all their problems in the Gospels. They held all things in common:

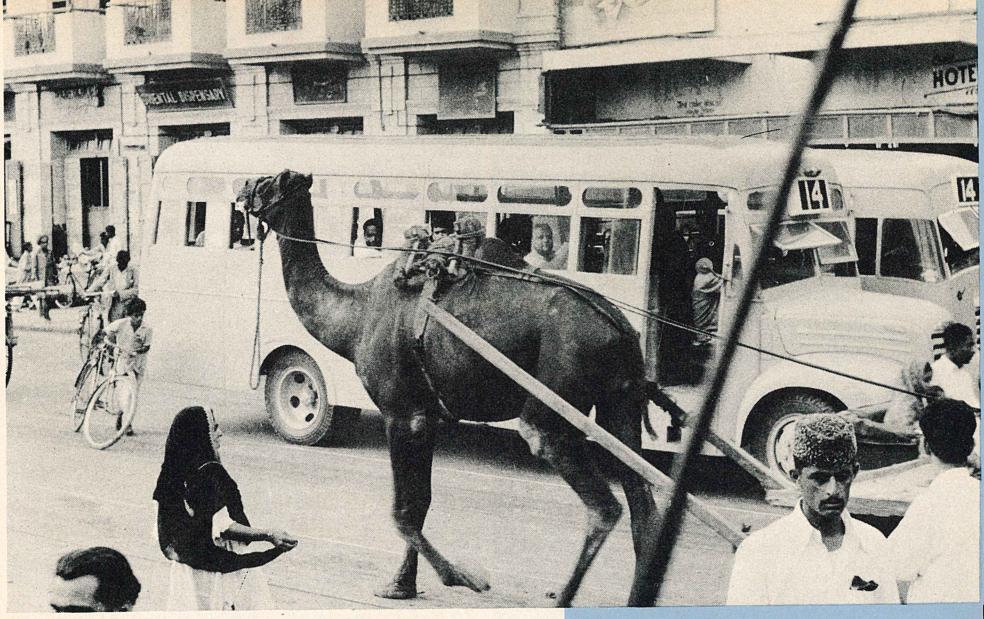
"It was in common and for all, rich and poor, that the earth was created. Why, then, O rich, do you claim for yourselves a monopoly owning land? Nature knows no rich, it gives birth only to poor infants. It is not from your riches you give alms to the poor, it is a bit of what is already theirs that you give back, for it is a common good given for all that you usurp for yourselves. The earth belongs to all, not only to the rich." (St. Ambrose.)

The Gospels tell us to share our bread with the hungry. "Can we sincerely pray for those who have nothing as long as we keep more than we need?" asks the Prior of Taize (Roger Schutz).

We proclaim that the Church is ONE —Catholic, or Universal—that all men are brothers but do we act on this? The $4.8 billion proposed for all foreign aid programs this year is less than two-thirds of what Americans spend on tobacco every year ($6.8 billion). Are we willing to take the consequences of living together as one human family?

Yes, these are times of decision for the Christian, times such as Mr. Hyde speaks about when he says:

"There have been times when, literally, civilization depended upon what a few people did in a relatively brief period. We're living in one of those periods now. What those who call themselves Christians, particularly the educated Christians, do in the next fifteen or twenty-five years, will probably determine the course of history for generations ahead. I don't mean that necessarily the battle against Communism and against the other evils of our time is going to be won by then, but I do mean this, that the course will be set one way or the other. Communism will only be halted by those who see the evil of Communism for what it is and who try to improve our society, try to apply their Christianity to the world in which they live, try to face up to their responsibilities to the people of other countries."

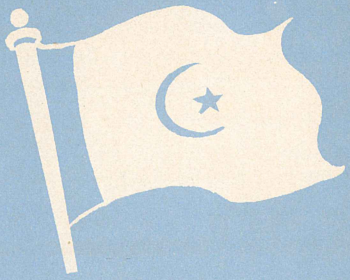


role of the hospital in the asian emerging nation

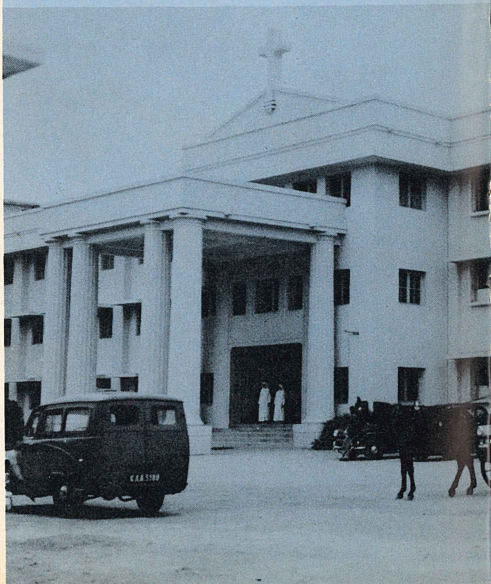
by Mr. Justice H. T. Raymond
Judge of the High Court of West Pakistan

"Once the foundation of the desired national character is laid, it will then be possible to wage that total war against poverty, hunger, disease and ignorance which is the ultimate responsibility and aim of every civilized government and nation. The steep social and economic imbalance to which the forces of history have unfortunately committed us has got to be restored to a state of stable equilibrium. The sooner we can do this the better for our peace and progress."

President Ayub Khan



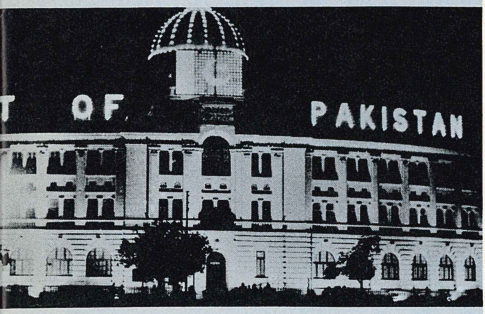
PROVIDING PROFESSIONAL
AT HOLY FAMILY HOSPITAL,



President Ayub Khan explaining Pakistan's Five-Year Plans to the people.

Camels are a familar sight in crowded, modern, busy streets, Karachi, Pakistan.

Karachi, a seaport town, has a fine natural harbor. Population—two million.



MEDICAL CARE FOR THE SICK KARACHI, WEST PAKISTAN

New wing, in the 150-bed Holy Family Hospital, Karachi, W. Pakistan. Patients are of many nationalities.

I have been invited by the Editor of this magazine to contribute a short article on the above subject with special reference to the Holy Family Hospital, Karachi. It is with some trepidation that I have agreed to do so. For, although High Court Judges are accustomed to hearing arguments and dictating judgments, yet, the writing of an article is something very different. There is no Counsel to furnish any material or data and the writer is left to his own resources to ferret out the facts and the necessary subject-matter and then to weave it all into an article.

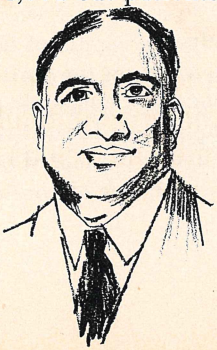
Pakistan is a young independent state born, or created, just 16 years ago, on the 14th of August, 1947. Formerly a part of India, it was separated from this vast Asian sub-continent as India was approaching Independence. The Muslims who had ruled India for many thousands of years prior to the arrival of the British but who were outnumbered in India by the Hindus by five to one demanded a homeland of their own where they would be free to foster and develop their own religion and Islamic Culture under a Muslim Government. Thus, provinces in which the Muslim population was in a majority came to be separated from the rest of India and now form the new Islamic State of Pakistan. The population of this young state has increased by leaps and bounds so much so that whereas the first census to be held revealed a figure of some 75 million inhabitants, the last census carried out last year put the figure at over 90 million.

Till recently, the capital of this state was Karachi, a seaport town with a fine natural harbor and a temperate climate. The new capital of Islamabad, near Rawalpindi, and at the foot of the Murree Hills, is in process of construction.

But, Karachi, by reason of its geographical situation and its equable climate throughout the year, is and will always continue to be the largest town in Pakistan. Its population has increased from a few lakhs before Partition to 20 lakhs or 2 million people. It has a very large mercantile or business community and is for Pakistan the center of the Commercial World. The greatest number of foreign nationals in Pakistan have taken up their abode in Karachi.

In these circumstances, then, it is both fit and proper that the Medical Mission Sisters who were in Rawalpindi before the creation of Pakistan should also have a hospital in Karachi. The foundation stone of the present magnificent building was laid on the birthday of Our Lady on the 8th of September, 1951 by Begum Liaquat Ali Khan, the wife of the First Prime Minister of Pakistan and now our Ambassadress in Rome. I have a vivid recollection of this ceremony because I was not only present at it but I had been requested by Sister Alma Julia, the Sister in charge of the building of the hospital in Karachi, to address the gathering and to raise a vote of thanks to the distinguished visitor. It is refreshing to think that what ten years ago was a bleak, barren, and rocky plot of land, has within a decade been converted into luscious and sprawling green lawns with flowers of different colors and shades and a fairway leading up to a stately building which houses the hospital in which, up to the time of writing (September, 1962), 32,435 in-patients and 204,771 out-patients have been treated and attended to. With the anticipated opening of the new wing in 1963 and the consequent increase in the number of beds and other facilities, these figures of in-patients and out-patients treated and cared for will register a sharp increase.

In a nation in which the Catholics are in an infinitesimal minority, not even one per cent of the total population, for such a small community there can be only two alternatives: either it sinks to the bottom or, buoyed up by certain valuable assets, it floats like an illuminated cork on a vast sea, attracting attention from all quarters. That the Catholic Community in Pakistan is afloat and illuminated is due entirely to the fine work done by its schools and hospitals. As between these two institutions, it is inevitable that a hospital, cutting as it does across all barriers of age, creed, sex, and status, plays a greater part in bringing home to the millions of citizens of Pakistan the ideals, the principles and above all the selfless service that characterizes the work of these institutions. The Medical Mission Sisters, abandoning their families, their homes, and their country go out to foreign lands to work there and to give of their best in the service of the sick, the afflicted and the diseased. In this respect, the Holy Family Hospital, Karachi, fully equipped as a modern and up-to-date hospital and staffed with Sisters, each of whom is an expert in her own line, is a most impressive example of this selfless service of a very high order, all for the greater glory of God.



Mr. Justice T. Raymond, Judge of the High Court of West Pakistan, is President of the Advisory Committee of Holy Family Hospital, Karachi. He is a brother of Bishop L. Raymond of Allahabad, and of the Rev. Stephen Raymond, Principal of St. Patrick's School in Karachi. Mr. Justice Raymond received his law degrees from Oxford.

that they remold their destiny anew from day to day."

(MUHAMMAD IQBAL)

a part to play

"Few things are more important to a State than the health of its people, and Pakistan has been conscious of it since its inception:

by Sister M. Dolores

but as in all other spheres, in the field of public health as well, Pakistan had to face immense difficulties both in the procurement of trained men as well as material, and had virtually to start from scratch."

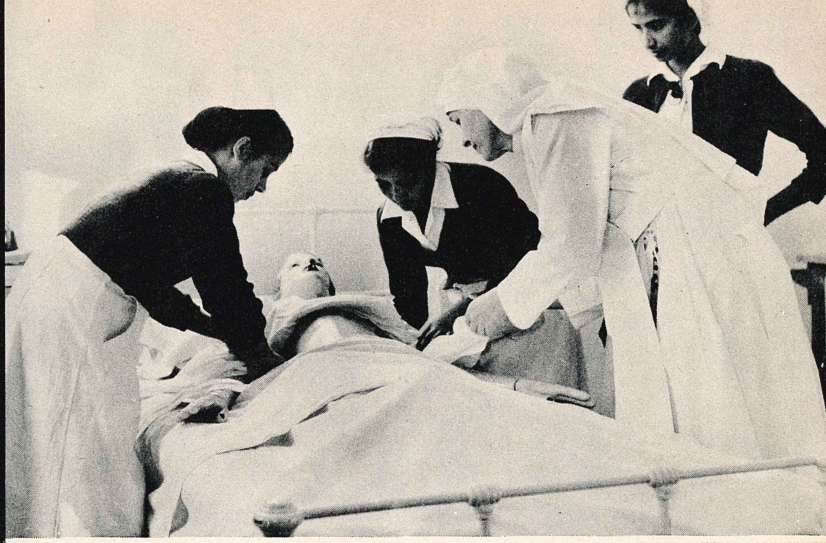
Pakistan was eight months old the day that two Medical Mission Sisters left Holy Family Hospital, Rawalpindi, to go to Karachi. The train chugged along for over 1000 miles through the provinces of Punjab, Bahawalpur, and Sind, through farms and orchards and vast desert land, until thirty-seven hours later it toot-tooted to a stop in Karachi. It was 9:30 p.m., March 17, 1948. At that time, unlike the small town of Rawalpindi, with only tongas and an occasional taxi at the station, this was a city, where one had a choice of *gharis* (horse-drawn Victorias), bicycle rickshaws, motorcycle rickshaws, and taxis, with camel carts for luggage. The Sisters eyed the motorcycle rickshaws but deferred the pleasure since the Prefect Apostolic and the Procurator of the diocese had kindly come to meet them. The luggage was piled on a camel cart, while the Sisters went with the clergy in a car. There was no hurry about riding in a motorcycle rickshaw. There would be many trips in them in the years ahead, because the Sisters had come to stay, to start a new Holy Family Hospital in the then capital city of Pakistan.

The Medical Mission Sisters came to Karachi at the request of the then Prefect Apostolic, Monsignor Alcuin Van Miltenburg. This zealous prelate had started a Nursing Home in a rented bungalow. Here the Sisters officially took over on March 19, 1948, and placed the Hospital under the patronage of Saint Joseph and the Holy Family. There were 23 beds, a delivery room, an operating room, and a nurses' duty room. The nursing staff consisted of two practical nurses and one staff nurse. Soon some of our own Sisters—Registered Nurses, came to help.

The shortage of nurses in Pakistan was and has remained a major problem. Some nurse-aides were willing to join the staff if rooms would be provided for them. It was difficult in 1948 to find a house to rent in Karachi. The population had doubled from 500,000 on to 1,000,000 (now 2,000,000). Refugees preferred the mild climate of Karachi to the rugged areas North. What was to be done? As a temporary measure, two garages were painted and furnished for nurses' rooms.

The population grew and grew as refugees continued to come over from India. There was only one hospital bed for every 100,000 persons for the whole of Pakistan. The Pakistan Government realized that the lack of hospital beds was a number one health problem. Local citizens and private institutions realized it. Stimulated by the desires of the people of Karachi and by the needs of their own patients, the Medical Mission Sisters decided that trying to run a hospital in a bungalow would not meet their two-fold aim of providing professional medical service, and instituting training programs. They decided to build a hospital. An advisory Committee was set up and every available source was canvassed for funds. A loan was negotiated for the rest. The result was the erection of a 100-bed section, opened in June, 1954. At the same time, a Midwifery School was opened. At the request of the Pakistan authorities, students from the Government Maternity and Child Health Training Center started coming to the hospital for clinical experience and this is still being continued.

As Karachi is a cosmopolitan city and large port, the patients at Holy Family Hospital come from all nationalities and all classes of society—Europeans from Holland, Germany, Italy, France, England, etc.—Americans, Russians, and, of course, Pakistanis of many varieties: Sindhi, Muslims, Catholic Goans, Punjabis, Parsees, Bengalis, Hindus — all



Sr. M. Martin, R.N., demonstrating to student nurses. Sister is Superior at Holy Family Hospital, Karachi.

Mrs. Campeau introduces Begum Hamid who will open Garden Fete for Holy Family Hospital, Karachi. Sr. M. Dolores, Administrator, stands by.

Good pre-natal care means healthy babies. Sr. M. Ruth congratulates young mother.

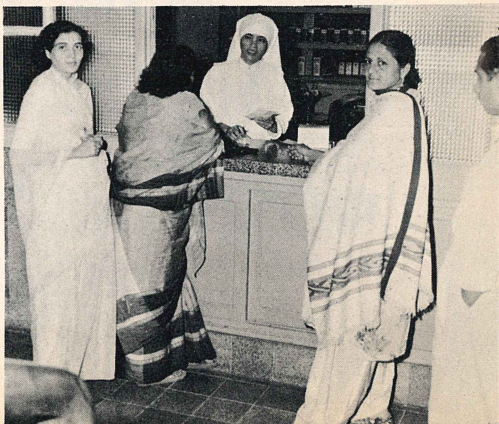
Sister M. Nicola and Sister Matthew (Hospital Bookkeeper) shopping in the busy Karachi city bazaar.

come to the doors of the hospital and all receive the same care and kindness.

Another wing was opened in 1960 and a third section now under construction will be opened this year. This will bring the number of beds up to 150. Funds for these additions have been obtained in the same way as for the first section, by begging and borrowing.

Some changes have taken place since 1948. A home has been rented for the graduate nurses. The Training School for nurses was opened in 1962. The students live in part of the hospital until a Nurses' Home is built some day. Pakistani young women, at first slow to join the nursing profession, are now coming forward in increasing numbers. (There are about 3,000 nurses in Pakistan today, one nurse for every 30,000 persons.) There are five resident doctors on the staff, one of whom, a Medical Mission Sister, is the Medical Superintendent.

Much more remains to be done. The Medical Mission Sisters at Holy Family Hospital, Karachi, West Pakistan, are privileged to have a share in providing professional medical and nursing facilities for the Pakistani people; and in training qualified nurses and other personnel they realize that they have a small part to play in the important work of raising the standards of health in this new nation.



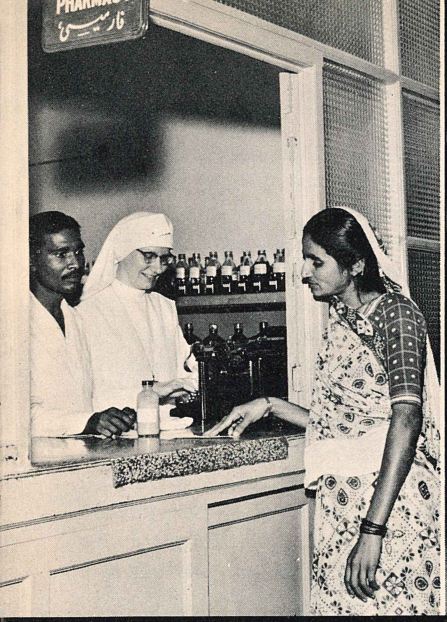
TOP TO BOTTOM,

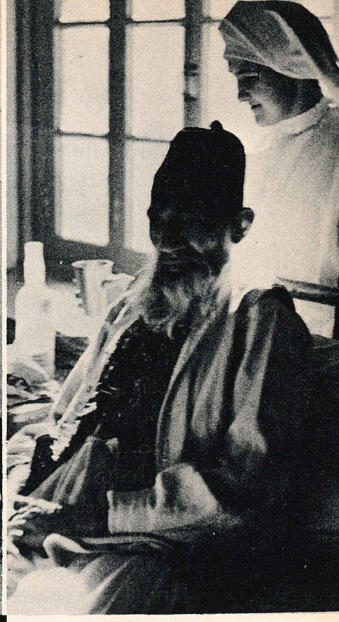
Sr. M. Sarah, Dr. Pochkhanawalla, Dr. Chitti and Sr. Brigetta, Directress of Nursing Education.

Patient ready to go home, thanks Sr. M. William for the care she received.

Sr. Marie Joan in Hospital Lab—a busy place. Local technicians also work here.

Sr. Domitilla, Out-Patient Dept. Over 35,000 patients were treated last year.





ABOVE

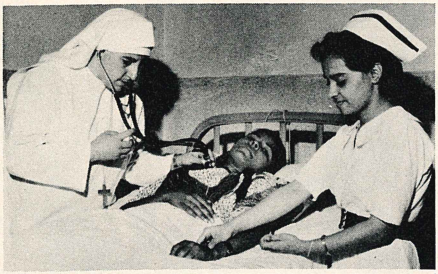
Sister M. Paulette, the pharmacist, is kept busy filling prescriptions and preparing pharmaceutical supplies for the whole hospital.

Young patients respond to Sisters' loving care. Sr. M. Phyllis takes two for a stroll.

"Often a silent face has voice and words." Sr. M. Jane makes a Pakistani gentleman comfortable.

(Below) Sr. M. Regis, M.D., checks a patient's chart.

by Sister M. Regis, M.D.



Naseem Akhtar was brought to the hospital dying from a rare blood disease. She needed many blood transfusions. Above, Sr. M. Regis, M.D., Naseem Akhtar and nurse.

Unforgettable Patient

S.O.S.—S.O.S.—S.O.S.—S.O.S.—

The Reader's Digest has their most unforgettable character. We, in Holy Family Hospital, have our most unforgettable patient. This patient involved not only all of Holy Family Hospital, but also practically the whole city of Karachi, West Pakistan.

Several days ago as I watched Naseem Akhtar visiting her twelve-year-old cousin, who was dying from a severe case of rheumatic fever and hemolytic anemia, I could not help but reminisce over Naseem herself, who, three years ago, was in a hopeless predicament, and yet is alive and healthy today.

How well I remember the day when Naseem Akhtar was brought to the hospital. It was a memorable day for Karachi. It was late when we returned from witnessing the first ordination of the local seminarians in Karachi. As I entered the hospital lobby the resident doctor confronted me almost immediately with the news that an emergency patient had been admitted—a twelve-year-old girl bleeding profusely from practically all orifices. I immediately went to the ward to see the patient. There was Naseem Akhtar, extremely pale, vomiting profuse amounts of blood. She also was bleeding from the nose and eyes and had numerous petechiae (hemorrhaging under the skin) all over her body. In the meantime, Sr. M. Joachim, our laboratory technician, had typed the patient's blood and, much to our sorrow, had found that she was B-Rh negative

group. The Rh negative factor is a rare entity out here in the East and to find someone with this type of blood is like looking for the proverbial needle in a haystack. Naseem's hemoglobin at this time was six grams, about 40 to 45%.

Naseem's mother said that the child had had a fever in the past week, but prior to this she had been well and never had had anything of this sort. From the history and our clinical findings we felt that this was a case of idiopathic thrombocytopenic purpura. (A disease in which the platelets in the blood are so low, the blood is not able to clot, sometimes the result of certain drugs or infections.) We knew we had a difficult time ahead. Where were we to get the amount of blood needed? The patient was continuously losing blood. Sr. M. Joachim looked up her list of emergency donors and was able to find one American at the Embassy with this type. Fortunately, we were able to get this donor to come in immediately and to transfuse

S.O.S.—S.O.S.—S.O.S.—S.O.S.—S.O.S.—S.O.S.—S.O.S.—S.O.S.—S.O.S.—

the patient and sedate her, so that subsequently that night, bleeding did stop for a time.

The next day we found on examination of her blood that the hemoglobin had not come up but had dropped to an even lower grade. We spoke to the family and they made an all-out effort to bring in friends and relatives for typing, but this was not sufficient. Then with the help of some friend who works in Radio Pakistan, an S.O.S. was sent out and various programs were interrupted for the emergency call asking for donors of this blood type to come to Holy Family Hospital. The same appeal was placed in the Karachi newspapers. This started an avalanche of people who came for blood typing. This went on for several days, because out of one hundred, maybe one or two people could be found to have B-Rh negative type blood. People from all spheres and walks of life responded: Muslims, Parsees, Goans, priests from the Franciscan Friary, doctors, seminarians, other missionaries, sweepers, American and English people, and others from the various embassies in Karachi.

One evening at about 11:30, a Parsee lady-doctor came rushing in, all breathless. She said she had just returned from a movie and put on her radio and heard the urgent call for blood. Knowing that she was Rh negative herself, and having children of her own, she felt that she should come over at once and give her blood. I can remember how very happy we were to see her, because all day, in spite of the many people we typed, we were unable to get even one pint of blood.

A Muslim man had also heard the appeal for blood. He felt he absolutely had to come immediately because he also had young children of his own. Although he did not know what type of blood he had, he felt that it must be the right one. He told us that as he left his house to come to Holy Family Hospital he wondered how he would get there. The bus which runs to the hospital had long since left and no other bus could be expected for several hours. But Providence had it otherwise. As he was walking along, the bus which should have left much earlier, appeared at that time. When he was typed, it was found that he *was* the same type as the patient! To this man it all seemed miraculous.

As soon as we received the blood we were able to give it to the patient, and

after five or six transfusions her hemoglobin came up to about ten grams. She had stopped bleeding so we thought perhaps she would recover. However, she began to bleed again. The latest therapy was available and we were able to initiate it, but to no avail. The other alternative was to remove her spleen, but the patient was in no state for surgery, her hemoglobin having dropped to eight grams again.

I decided to consult with Doctor Cash, professor of pathology, in the Basic Medical Science Institute at Jinnah Central Hospital. This is one of those joint-aid programs of the United States through Indiana University. The Institute gives post-graduate courses in the basic sciences for the local doctors. Together, Dr. Cash and I combed the literature and found that one of the latest treatments for this disease was to transfuse the patient with fresh platelets but the equipment needed for obtaining such blood was not available in Karachi. However, Doctor Cash was able to help

S.O.S.—S.O.S.—S.O.S.—S.O.S.—S.O.S.—

in another way. In the literature it had mentioned that by siliconizing the bottles into which the blood is drawn, the platelets are not broken and remain whole and are thereby more beneficial to the patient. With this method we were able to draw fresh blood which kept the platelets intact.

But now that we had the siliconized bottles, we did not have any more donors. All we could think of at this moment was to look up two recent donors from whom we had taken less than a full 500 cc. each. One of them was a Franciscan priest whom I contacted. A Protestant minister, a friend of the patient's family, offered to pick Father up by car, late that night. The other donor was an English sailor. He also willingly came again.

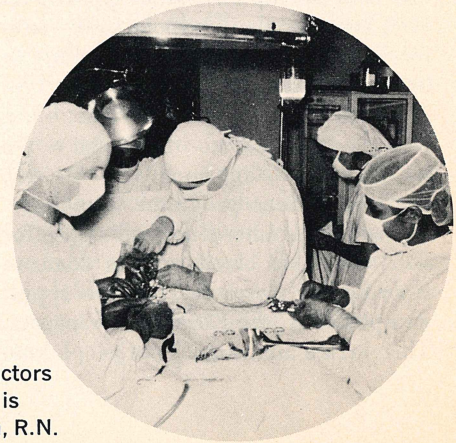
So Naseem Akhtar was transfused with at least 500 cc. of blood taken in siliconized bottles. She still had only eight grams of hemoglobin; but at this point she was in as good a shape as we could get her, so we proceeded to operate. The surgery was accomplished without too much difficulty.

After the operation we again sent out appeals for more blood donors, and again many responded. After a few days the bleeding subsided completely and her hemoglobin began to rise, as well as the platelet count. In all, she had received 22 bottles of blood.

As the days passed, all bleeding was definitely stopped and her convalescence progressed satisfactorily until one day there was much rejoicing when we were able to get Naseem Akhtar up and wheel her out to the garden.

Finally, she was discharged. We followed her case throughout the following months noting that there was no recurrence of any bleeding and blood studies always showed a sufficient number of platelets. For three years Naseem Akhtar has done well and has grown to be quite a young lady.

Here was indeed an unforgettable patient from many standpoints.



Technique and Teamwork are big factors in surgery. Here Sr. M. Regis, M.D., is assisted by Dr. Zuek and Sr. William, R.N.

"A Christian . . . cannot remain unmoved by international developments. As he sees the pressure of events give rise to a more and more strictly defined world community, he knows that this divinely willed unification should result in a union of hearts and minds in a single faith and love. He not only may, but must, work for the accomplishment of this growing community, because he has at hand an incomparable light and strength, the example and command of the Divine Master."

Pope PIUS XII: ("The World Community")

To understand every man's dignity and sublime destiny—to see in disease an enemy to man's well-being—to look to those regions where men are most burdened by it—to care enough to work at a remedy—to care enough to consecrate the whole of one's life to God in service to the sick—this is to move in the direction of a vocation to the Medical Mission Sisters. Animated by the spirit of Christ, these Sisters care for all peoples, no class, creed or race excepted, no disease or condition excluded. Educated as doctors, and nurses, pharmacists and technicians, administrators and accountants, they build and staff their own hospitals and training centers for nurses, midwives and technicians. Look for them in the areas of greatest need—in Ghana, Uganda, India, South America, Pakistan, Vietnam—bring the benefits of modern medicine as a tangible expression of Christ's concern for all men.

•

SISTER BANKS WITH

by Sister M. Joachim

"Take twice as much as you need, Sister . . . How much are you going to take? Will it affect my health . . . will I die . . .?" If there ever is a propitious time for getting to know a person, it is when he's flat on his back, donating blood.

I've heard more life histories, more opinions, and more details about running all kinds of businesses, while people give blood, but the more they talk, the more relaxed they are and the faster and smoother the blood runs. This is my concern and so the rest is accidental, but very pleasantly accidental.

Karachi is a city of many nationalities and occupations. Businessmen, actors, philosophers, sailors, fliers, and fishermen have donated their blood. It is as vast as Grand Central Station—"crossroad of a thousand lives."

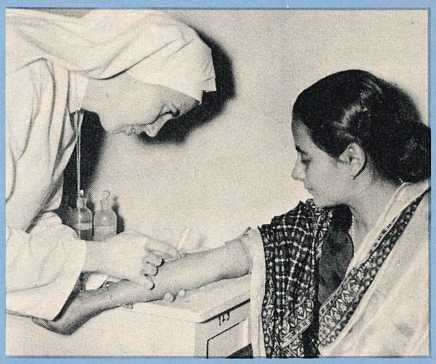
There is the Ambassador of Thailand who unobtrusively comes and donates his blood and then leaves like one who wishes it to be known only to God. He laughed when I told him I had never taken blood from an ambassador before.

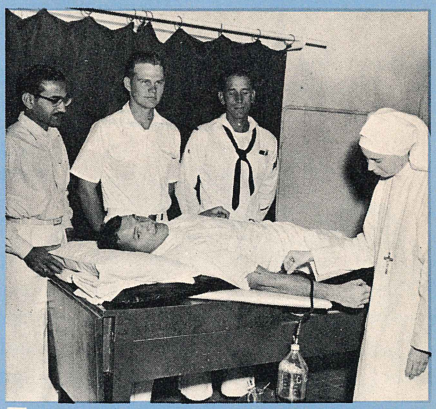
I remember the architect who told me that it is the person of ordinary rank he thought who is most generous. He owed his life to the other soldier in battle who chewed his food for him and put it into his mouth when he was suffering from pyorrhea.

A certain Muslim gentleman who responds whenever I ask him to donate blood, remarked that in England some people had been given a bronze, silver, or gold medal, according to the number of times they had donated. Then he said, "If you have anything to do with it, I'll get the gold medal."

One Christmas morning there was an emergency operation and the patient had to have blood immediately. I had seen a certain Priest go to the upper floors to wish some parishioners a Merry Christmas. I tore up the stairs after him and breathlessly exclaimed, "Father, we need some A blood."

Sr. M. Joachim, Medical Technologist, in the Lab at Holy Family Hospital.





American sailors donate blood, Karachi, H. F. Hospital. Sr. Joachim and Mr. Ali, M.T.

BLOOD

"But where am I going to get type A blood now?"

"You're A, Father."

"Oh, then come along," and so he gave a Christmas present which he never expected to give.

Then there was Mrs. White, a very witty person who always had something gay to tell me, such as, "Today, I'm a grandmother; my dog had puppies!"

Having called the security guard at the American Embassy to send donors three consecutive times in one day, there in the doorway stood the security guard dressed in full regalia. "I just got off duty, so I thought I'd come and donate myself." His companion donated Rs 50 for something that might be needed in the laboratory!

Then there are the questions such as: "Can children five years old donate blood?" or "Can I bring my goat to give blood?"

One can only be grateful to them all—the man who climbed rope ladders on ships in the harbor, in order to get donors of a special type; the hundreds of people who responded to the Rh negative emergency and the sailors who, having given their blood, sent butterscotch back to the little polio victim.

Yes, the Muslim who knew he was the right type, the Parsi who thought that after giving blood she would just die, the Ambassador, the fisherman from Baleji—these are the children of men and of God, and our delight is to be with them.

"The blood bank is a vital necessity for the debilitated patients so commonly found in this area."

Amin (Ah-meen)-U-Din, almost unconscious, was admitted one busy Saturday afternoon. Both his father and mother were already in a state of near-exhaustion from worrying and keeping vigil, over their little boy.

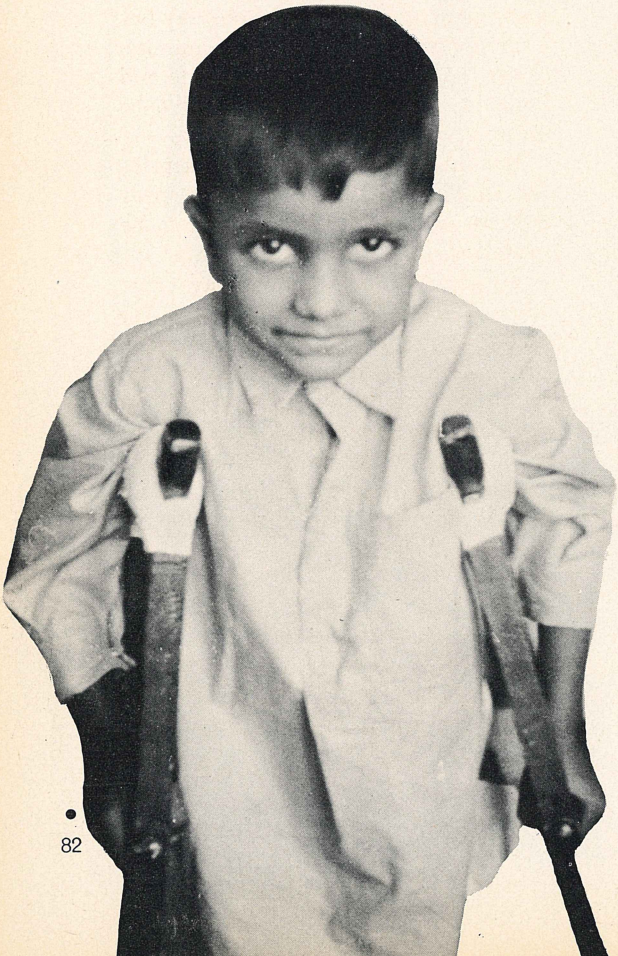
Amin had been hit by a motorcycle-rickshaw three weeks before and his right leg had been shattered below the knee. He had received some help at a treatment center—a cast had been put on his leg. It was only when the child had become desperately sick and was in great pain, that someone suggested to his parents that perhaps the Sisters at Holy Family Hospital could help him.

When Sr. M. Regis, M.D. and one of the interns, tall Doctor Khan, examined Amin's swollen and blackened leg, it was obvious that someone had applied the cast too tightly. Gangrene had advanced so far that they knew they would have to amputate the little leg just above the knee to save the child's life.

Amin was a very intelligent little boy for only seven years, and that, in spite of very little, if any, formal schooling. Although only semi-conscious, before being taken to the operating room, his alert little brain registered the faces of the doctors and nurses and when, after the operation, they came on rounds, he would scowl at them, saying: "You're the ones who cut off my leg!"

With Sister M. Celine, the Sister in charge of the Pediatrics Department, it was different. With his charm, and big brown eyes, they were friends immediately . . . until—it was time to have his dressing changed. Every day, as soon

Amin-



Amin-U-Din was a very intelligent little boy for only seven years and that, in spite of little formal schooling.

as he saw Sister wheel in the dressing cart, he would start screaming at the top of his lungs. For Sister Celine with her soft, compassionate heart, this was a shattering experience. What to do?

One morning, during the daily dressing ordeal—Amin was sitting on the table, the dressing cart with forceps, antiseptic, gauze, etc., beside him as usual. As Sister Celine picked up the forceps, dipped the cotton in alcohol ready to clean the stump, Amin started to scream still louder before she had even touched him.

"All right," said Sister Celine, dropping the forceps into the basin. "*You do it.*" And, turning away, she wiped her perspiring face. To her astonishment, Amin-U-Din picked up the forceps and holding his little stump in the air, proceeded very efficiently to sponge the area near the incision. Hardly daring to breathe, Sister Celine pointed to a spot he had missed. "Sponge here, Amin," she said softly. With a grin, reaching from ear to ear, he cleaned it nicely. "Now pick up the gauze with the forceps," she said. Already ahead of her, he laid it neatly in place and reached for the adhesive which he cut very nicely into strips and finished the dressing. From then on, under Sister Celine's tactful, careful direction, Amin did his own dressing every day, and became very adept at it. Can you imagine such pluck for a little boy of seven?

Now, Dr. Khan could come and carry Amin out to the garden. An American lady, Mrs. Ward, also made him very happy when she brought a special little rocking chair to Pediatrics. But sometimes Sister Celine would find him crying. When asked what was wrong, he refused to answer. He never mentioned the operation on his leg and didn't want anyone else to do so either. Sister Celine tried to explain to him that one day he would walk about again, but this always met with silence. Poor Amin had never seen crutches so couldn't imagine how this could ever happen.

The day finally came when the carpenters finished the tiny pair of crutches they had been making in the hospital workshop. From then on, Amin was everywhere! And how delighted he was the first time he could hop out to meet his parents on their daily visit. When Sister Celine asked him how he liked his crutches he said simply with shining eyes: "You told me I would be able to walk again and go to school one day but I surely didn't believe you for a minute, Sister." And there was vibrant life and hope in every part of his body once more . . .

But there was still another surprise for Amin. A benefactor offered to cover the cost of a small artificial leg, to be made and fitted in far away Lahore!

Finally, the long-awaited day came when Amin-U-Din could go home. He had been in the hospital three months. Sister Celine handed his small bundle to his father and waited for Amin to say goodbye. A troubled look came over his face. He looked up at his mother. "I cannot come home," he said. "I think I must stay here. The Sisters love me too much."

U-Din takes over

by Sister M. Sarah

Amin-U-Din on crutches made in hospital workshop. He had never seen crutches before so couldn't imagine how he could ever walk. Here Sister M. Celine watches his first steps.

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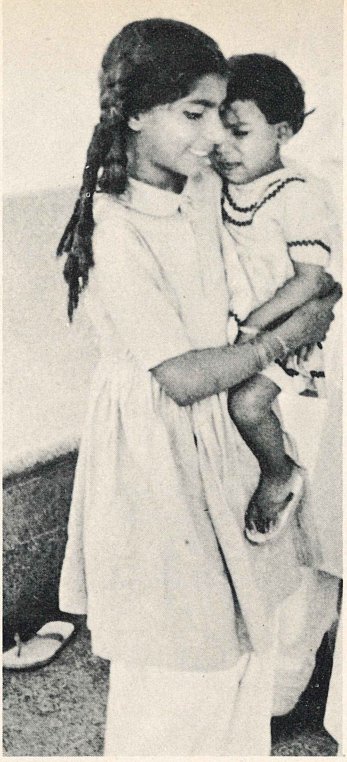
Sakina takes us Home

by Sister M. Ruth

Before distributing the milk to take home, we give them as much as they can drink here.



Sakina appears every day for milk with her little sisters and sometimes her baby brother.

We nicknamed her "Cutie" because of her sweet, but often dirty, little thin face. "Cutie" has been especially faithful in coming for milk rain or shine. Her real name is Sakina and she appears daily with her little sisters, Naseem Akhtar and Sughra, and very often their four-year-old brother, Anwar, accompanies them. Each brings her own *barten* or container, and marches off proudly with the milk after standing in line to receive her share. Before distributing milk to take home, we pass out as much sweetened milk to drink as the people will take. It must be sweetened, or it just isn't popular. We sweeten it with syrup made from gur, a crude brown sugar, which gives the milk a light molasses color and flavor.

One day as we were pouring her portion to take home, Sakina asked us to please come and visit them. She would come for us and wouldn't we please come some day? Since hospital life doesn't give much time for visiting, we decided Sunday afternoon would be the best time and agreed to her invitation. Nothing more was said but sure enough, Sunday afternoon at 4:30 p.m. Sakina was at our admission desk waiting to take us to her home . . . face clean and shining and her very best green plaid deputta over the faded and worn coarse cotton chemise and *silwar*. Waiting patiently in the waiting room until after Benediction at 5:00 p.m. Sakina pored over two children's books written in English which she couldn't read, but is hoping we'll find time to teach her some day, in return for her Urdu lessons. I'm sure she would be an apt pupil if we could ever get together for classes. Sakina (and her brothers and sisters) do not attend any school since her father is very poor and the little earned from his "hotel," a one-room tea shop with leaking roof, is just barely enough to feed the family.

We set off after Benediction, four Sisters and Sakina in the lead, chatting merrily all the way and obviously pleased with the outcome of her invitation. We walked along through back alleys and side streets, past the water buffaloes' watering place and the ghari-horses' feeding grounds, and as we went along I resolved to ask permission to give a little more milk than the usual one pint to Sakina and her sisters who came such a distance every morning so early. Milk distribution starts at 8:15 a.m. sharp. Only a pint is given at a time since more is too much of a temptation to sell. Finally turning down a small lane between two shops we arrived at Sakina's house. A burlap-sack entrance, under which we ducked, provided a little privacy from the very close next-door neighbors, who were sound asleep on *charpoys* (string beds) when we arrived.

Sakina's mother greeted us royally and motioned to a *charpoy* (low string bed) bedecked with a clean brightly colored embroidered bed spread surely put on for our visit. We sat down and commenced an interesting conversation with this 40-year-old woman who had married at 12 years, borne 11 children. She was full of appreciation for the milk given every morning and told us how poor they were and what a task it was to feed all the children. Her tone was not whining or complaining but just stating facts as someone well acquainted with poverty. Her hair was dyed red with henna to hide the white streaks which were appearing and, although her teeth were poor and many missing, her smile was bright and attractive just the same. As we talked, a tall boy about 19 years walked shyly past and she pointed with pride to her eldest son who was studying reading and writing by himself in order to find work. Some degree of education is needed for any position above the lowest menial tasks.

We hadn't been sitting long, when the typical hospitable spirit of the East appeared . . . in the form of tall, cool bottles of orange soda-pop, complete with straws! Sakina had brought them from her father's tea shop I'm sure!—even though they were so poor!

As we sipped our sodas, it was interesting to look about the small compound and note the contents, not much besides three *charpoys* which served the older members of the family, and a small fireplace against the wall where all the cooking was done. The house faced the compound and its three mud walls were covered with a *pukka* roof, which didn't leak when it rained so we were told. Inside were the pots and pans and anything of value to the family. Most of the living was done in the compound although it was not very spacious for so many children. The clean dirt floor provided their playground in the daytime and their cradle in the night. Just beyond the compound wall on one side was the yard for the animals which consisted of a huge ugly black water buffalo with her young one, several chickens and a goat. The noises produced by such a group were considerable and we were wondering how the baby slept in the swinging cradle erected at one side of the animals' compound!

After duly admiring the goat and the new baby buffalo, it was growing dark and we were forced to cut short our visit and start back to the hospital. After a warm goodbye, we ducked again under the burlap sack and were soon retracing our steps, Sakina in the lead, although we assured her we could easily find the way (we hoped).

Nearing the hospital, we were stopped by neighbors with very different requests, the first coming from one of our milk customers who lives nearby in a makeshift one-room hut. He was complaining about the gypsies who had camped along the outside of our hospital wall and had stolen the carcass of a dead water buffalo and from which a bad smell was coming, and wouldn't the Sisters please do something about it! We went over to see the gypsies, tall virile Punjabis, to discuss the matter, but of course, they didn't have any dead water buffalo, of course not! Such an idea! They were only peace-loving gypsies who would be moving back to their native land up country from Karachi as soon as the rains stopped. Their "leantos" are leaning against the hospital wall, but we didn't have the heart to say anything about moving. When you see such smiles and bright eyes in the midst of real poverty, there isn't much you can say. We left, inviting them to join the crowd for milk every morning.

by Sister M. Jane

TO SEAT 9 and

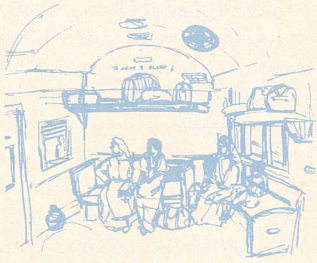
As we arrived at the Karachi Cantonment Station with bag and baggage to begin our train journey to Pindi, and then on to Murree for our annual vacation, we were greeted by the coolies, dressed in red from head to toe—with the exception of bare feet, of course. At every train stop they flock to the cars.

It's phenomenal to see the amount of luggage one coolie can carry on his head —ours was a light load compared to many—about 90 pounds each, on the heads of two coolies. My head aches just to watch them!

I said, we arrived with bag and baggage because we travel lightly—two suitcases, two foot lockers, a sirai filled with our drinking water, three wicker baskets of food to last us for the whole of the journey, which is at least twenty-five hours. Besides the above, each of us had our own pillow, sheet, towel, etc.

After weighing our luggage we made our way to our reserved seats in the second class ladies' compartment of The Tezgam. Since our trip began at 5 p.m. the passengers consisted mainly of those traveling a long distance, with reservations for sleeping, so we started with only seven adults and three children—in a compartment *to seat nine and sleep six.* The compartment is about eight by twelve feet wide and has an upper and lower bunk on three sides. The luggage goes under the seat, on the top bunk during the day, and in every corner possible. Provisions for the entire journey are taken by all so you can well imagine the amount of luggage at the starting point.

Our traveling companions for the next twelve hours were a very interesting and varied group—an elderly lady, wearing her burkha, with her three-year-old grandson; two young mothers who were sisters with a child each—



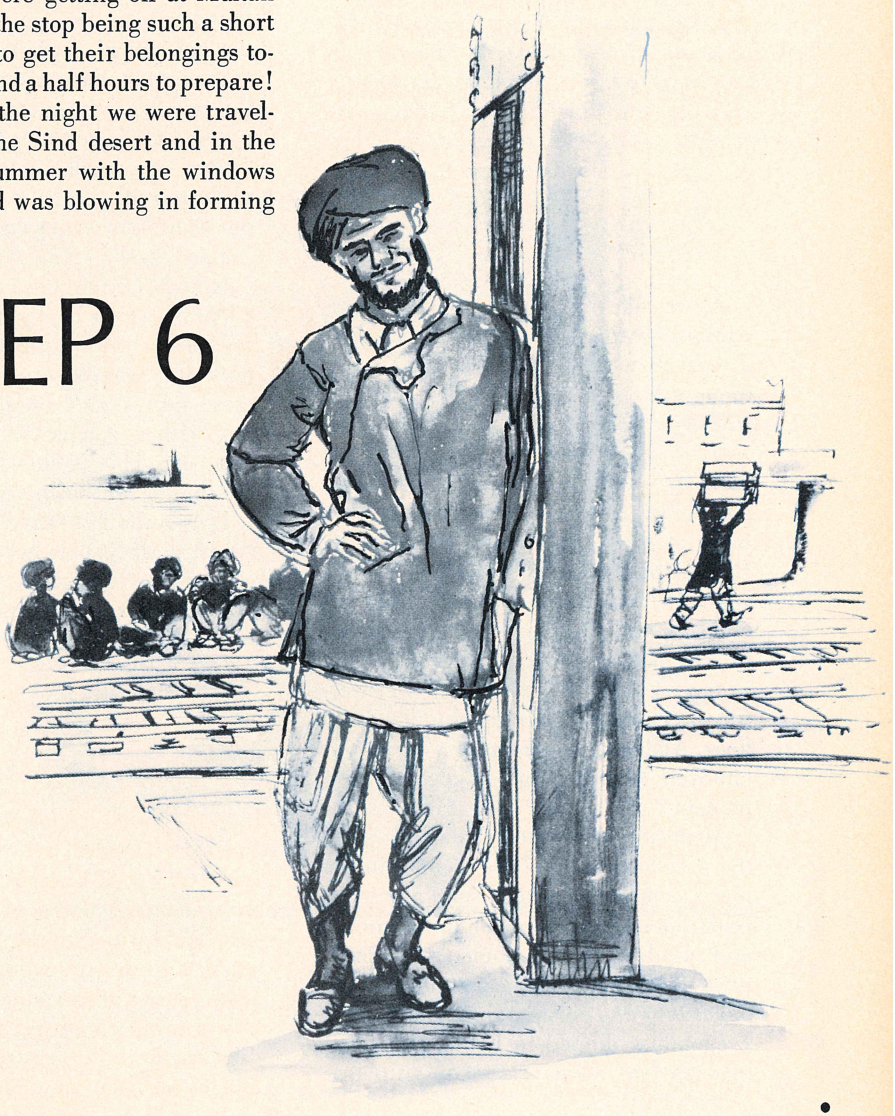
even they were a contrast. One had been in America and her six-year-old son spoke very good English. She was dressed in a beautiful flowered sari, much too nice for a trip through the Sind desert, while her son wore western clothes. Her sister wore a *silwar* and *kamise* and her two-year-old daughter, a little frock. As soon as the latter got on the train she told us her last two children were born

at Holy Family Hospital, Karachi. Another was a young girl who also let us know she knew of us—her mother had recently been a patient at Holy Family Hospital. Our seventh companion was a young girl going to Hyderabad so she would be leaving us in the early evening.

The night was uneventful but at 3:30 a.m. the lights went on—some of our companions were getting off at Multan at 6 a.m., but the stop being such a short one they had to get their belongings together—two and a half hours to prepare!

All during the night we were traveling through the Sind desert and in the heat of the summer with the windows open, the sand was blowing in forming

SLEEP 6



Red Cap - Karachi RR station

ILLUSTRATIONS BY SISTER M. SARAH, S.C.M.M.

a layer over everything, including ourselves. When we arose in the morning, before we could even think of having breakfast we had to dust. We gathered up the sand in little piles and threw it out the windows and then wet-dusted before the sweeper came by with a dry rag to scatter it in all directions.

As we rode on we had a few new companions—two mothers, with three children each, were the first to come. I never thought I would see the end of their luggage—it really looked like they were moving house and home! One of the mothers was from Delhi and, of course, had to let us know her last baby was born at Holy Family Hospital there! By the time we reached Rawalpindi we were 19 passengers—9 adults and 10 children and still more tried to squeeze in, but had to be satisfied with sitting in the corridors. Already some were sitting on the baggage in the middle of the floor. And anyone who has traveled with children knows there is never a dull moment!

Mealtime was quite an event—after the men have their share of food in the men's compartment they send along the remainder of the food for their women and children to the women's compartment. This consists of *chappatties* (like pancakes) and curry and maybe *pikoras* (vegetables dipped in batter and fried in deep fat). Water is taken with this meal and the seat is used for a table. Each member of the family gets a *chappatti*. On top of this goes the curry and the *chappatti* is broken off bit by bit and eaten with the fingers, gathering up a little curry between the *chappatti*. It's strange to see the children two and three years old sucking on a pacifier one minute, or drinking their milk or tea from a bottle and nipple, and the next minute they are chewing on a *chappatti* with the hot curry! And it's not an uncommon sight to have a fire on the floor in the middle of the compartment to warm up the baby's bottle or heat the tea. The "stove" is a small can with a wick.

To top off the meal, the women pull out their intriguing ensemble for making *pan* (pahn). Chewing *pan* is a common sight here in the East. It consists of a leaf on which is placed a lime paste, a red paste containing cardamom, betel nuts and maybe some coconut—all of these things are contained in a silver box with a compartment for the betel nuts, etc. This is chewed and it makes the tongue and teeth red.

It is quite hot traveling through the desert so the people here have their own cooling system—often a block of ice is placed under the ceiling fan and it does

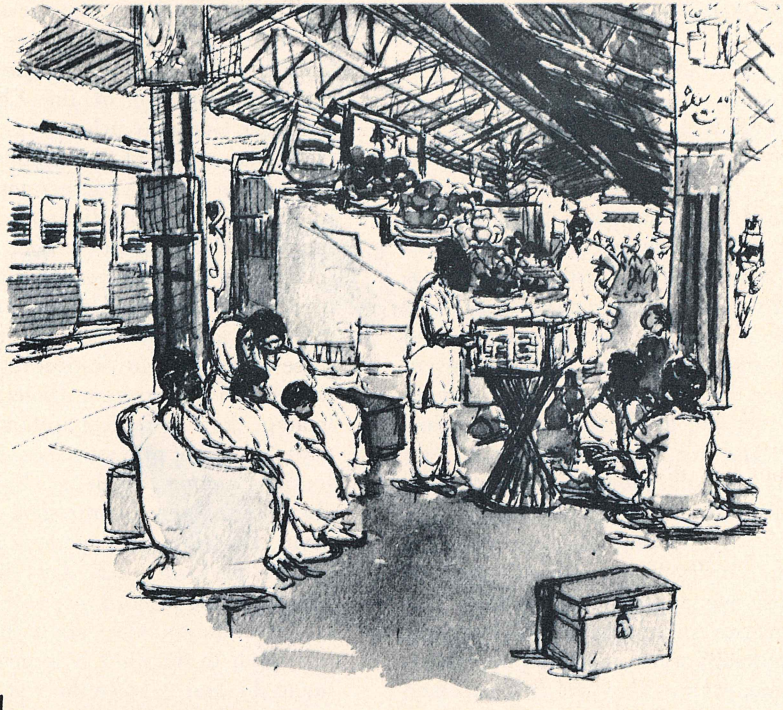
provide some cooling effect, but it also presents a few problems. There are puddles on the floor and the water seeps into the suitcases if they are not put aside, and, of course, the children love to play in the puddles!

Although the Sind desert is one vast area of sand and barrenness the whole journey is full of interest due to the diversity of passengers. However, as one goes through the desert one sees a herd of goats with their goatherd which seem to appear from nowhere. Also at intervals one comes upon a caravan of camels with their slow steady pace and their bells making a pleasant sound.

As we leave the Sind desert we begin to see more green, and the water buffalo wallowing in the puddles.

The Persian wells, too, are in operation—the water is being drawn up by oxen as they walk blindfolded around in a circle, hour after hour.

As the hour draws near for the Pindi station, everyone begins to make ready for disembarking. As the train pulls into the station we again see our red-clad coolies ready to make a mad dash into the compartments for the luggage. Once again we marvel at their ability to carry such a load on their heads.



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BOOKS

Sister M. Julia

NIELS STENSEN, SCIENTIST-BISHOP. Raffaello Cioni. Kenedy. 185 pp. $3.95

"There is no doubt that Stensen surpasses everyone, those of antiquity as well as those of modern times, in his knowledge of anatomy." Such was the tribute of a fellow scientist to the versatile Dane who had discovered the parotid salivary duct (named, Steno's Canal after him) and was internationally famous at the age of twenty-seven. Stensen began his career in Copenhagen, received his M.D. in Holland, lectured and did research in France, and finally settled in Florence as guest of the generous Medici ruler. No "melancholy Dane" he, Stensen, was an amiable, as well as a brilliant man, and never lacked friends nor appreciative students. His discoveries in anatomy, geology, and paleontology were acclaimed during his lifetime, even as they are still esteemed after three centuries.

Yet, something seemed lacking in his life, and he busied himself with the queen of sciences, theology. Niels had travelled far, in time and point of view, from the strict Lutheranism of his childhood. He had known the wide humanism of the Netherlands and had felt the currents of French intellectual life—Bossuet, Descartes, Pascal—were his contemporaries. In Italy, he was surrounded by Catholicism which penetrated all aspects of culture. After earnest searching and prayer, Niels Stensen entered the Church.

Not one for half measures—his moral life had always been of the highest—he was ordained priest at the age of 37. His reputation for zeal and charity was well known, and he seemed well qualified for the reconstruction of the Church in Northern Germany, which was in shambles as a result of the Thirty Years' War. Thus he was consecrated Bishop in 1677 and sent as Vicar Apostolic to the Northern Missions.

The last nine years of his life were made up of incessant labors, great poverty and many sorrows. His Catholics were often poor to destitution and depended on the meager funds of their Bishop; there were long and tiring journeys in his vast mission; there were dissensions among the clergy. But he was always affable, self-controlled, and generous. He tells us, "I made it a rule of life to perform each day that work which seemed most proper at the time—to live without anxiety about the future, intending to do what it is possible for me to do, and to leave the rest to God."

"From light to light" was his motto, and he died at the age of 48, both loved for his sanctity and admired for his brilliance. The Catholics of Denmark are justly proud of their famous "Scientist-Bishop" and are pleading for his beatification.

Across the Medical Mission World

INDIA

Resurrection in Mandar

This is about a funeral of the wife of one of our employees. Why did this funeral impress me so when I have seen so many, and watched so many people die during my 15 years as a nurse? I can only explain it by saying that I had recently read an article in a magazine about the "High Cost of Dying" in America today. It struck me as being so superficial, a complete misunderstanding of death; a feeble attempt to cover over a harsh reality . . .

It had been cold here, very cold for people who lack central heating or winter clothes. The cold was severe to the healthy, but cruel to the sick; and Stani's wife was sick. She had been in the hospital for serious illnesses, but this time she did not come, as it was only a slight fever.

Their home, just one year old, was fairly good, as compared to the standard of this area. The house was made of mud with a bamboo and mud tile roof and consisted of three small rooms. Stani was considered a fortunate man as he works in our hospital and has a steady income to support his wife and four children. He is not one of the multitude who eat or starve with the annual rise or fall of the rice crops.

One cold evening Stani returned to his village as he had done every day for years. This time relatives greeted him with sad faces and led him to his home where his wife had died, a short hour before. The last thing she was heard to say was that she was so cold that she thought that she would die. It was a surprise to us as we did not know that she had been sick.

That afternoon a group of us walked to Stani's home to join in saying the rosary and accompany the body in the funeral procession. When we entered the house it was so dark that it was impossible to see anything, so we all stood still until our eyes became accustomed to the dark. We were afraid to move for fear of stepping on the body which is usually laid on the floor. As we moved into the room some of the relatives went over to the corner near the little chula (cooking fire) and picked Stani's wife's body off of a stack of hay and firewood where it had been placed to make room for the visitors. As they were bringing the body to the light of the doorway the women put down a torn piece of mat on which the men placed the body. They

then removed a portion of the winding sheet so we could see her face. This was then tied back and the feet tightly secured with twine. Our nurses' homemade wreath of flowers was then placed on top of the body and the men placed it on a bamboo-like ladder which served as a stretcher for carrying. As there was no priest available the village catechist said the prayers and blessed the body with holy water.

The Catholic cemetery was just a short distance away and we joined the procession. Only a few termite-eaten crosses leaning tiredly at the top of small mounds distinguished the blessed plot of ground from the rest of the paddy fields.

Here there were no lovely tents to cover the grave, nor imitation grass to hide the wet new soil. No music was provided other than the harsh call of the crows and the crying of hungry babies tied to their mothers' backs. No bronze coffin gleamed in the sun, only a small figure resting on top of the newly dug earth. This was really "Dust thou art, and to dust thou shalt return" in all its reality, shorn of the false trimmings by which some western people try to disguise it.

Again the catechist blessed the body and then the grave. Two men lowered themselves into it, axes in hand. The body was then handed to them and they slipped it into a niche which was hollowed out from the side of the grave about five feet below ground level. A slat of bamboo was given to the men and they pegged it down with their axes, to prevent the wild animals from digging up and eating the body.

After a silent *De Profundis* we had to leave to return to the hospital. As we walked across the fields we could hear the people singing hymns as they worked filling in the grave. And what were they singing? . . . Of Christ's promise of the Resurrection . . . of eternal life with Him! Christians hope—pagans despair.

Sister M. Pascal
Holy Family Hospital, Mandar

VENEZUELA

Clothing the Saints

As you know, Judibana is in the Amuay Bay area which is on the western side of the head-shaped peninsula which juts off the coast of Venezuela between Caracas and Maracaibo. The peninsula is very flat and has been very dry and desert-like for the last seven years. Last year, however, the rains fell again, and the area is transforming itself into green beauty and usable farmland once again. In spite of being very flat, Paraguana, as the peninsula is called, boasts of its very own mountain, Santa Ana, which one can see from here on a clear day. The area around Santa Ana was one of the first places to be settled by the Spanish in the sixteenth century. The town of Santa Ana has the second oldest church in Venezuela. Presently it is being reinforced and renovated so that it may serve the people for many centuries to come.

Not far from Santa Ana is another village called Moruy in which is to be found the Church of St. Nicholas, the oldest in the country. It has not been renovated as yet and is in a quite dilapidated state, but it is most interesting to see as it still has the old, old pictures and statues inside. Since there are no windows in the church it is very dark inside and a little difficult to see them well. A village man very kindly escorted us inside and pointed out the most interesting things. He said the church was originally called the church of St. John the Baptist. The Spanish fathers proudly

put up a statue of St. John the Baptist which they had brought from Spain, but the Indians would have none of it. They said the Saint would be cold standing up there all of the time with so few clothes. The Fathers should bring in a Saint with clothes on. So they sent to Spain for a statue of St. Nicholas which arrived in due time, arrayed in full Bishop's dress, including gloves. The Indians were satisfied, the church was renamed St. Nicholas, and St. John was sent to a warmer climate. (What amuses me is that floating around St. Nicholas are three or four little cherubs with less apparel than even St. John, but nobody seems to think they might be cold!)

Sister Marion, Sagrada Familia Hospital, Judibana

PAKISTAN

Locusts

We had first-hand experience of locusts last year, when swarms of them, often miles long, darkening the sky, flew over Karachi. Sister Lina and I, to get a better view of this phenomenon, rushed to the roof of the hospital only to have locusts hit us in the face, snapping their wings in our eyes . . . as soon as we put our heads outside the door. Believe me, we beat a hasty retreat!

Dead locusts were thick all over the floor of the roof but still the swarm and soft whirring of wings kept on overhead. After their departure, Karachi's few green trees were even fewer . . . only bare limbs remained of some of them. Foliage seems to be their special delight.

The swarms were so thick and long this year that the government published a phone number in the daily paper to be called when an approaching swarm was sighted. Airplanes with sprays were used to disperse and exterminate the swarms, but a good broom is the best way to clean up after them.

Sister M. Ruth, Holy Family Hospital, Karachi, West Pakistan

GHANA

Transportation

Techiman is one of the larger villages but the hospital also serves a 50-70 mile radius, dense with villages of all sizes. The greatest problem for those out in the villages is the matter of getting transportation. During the day it is not too difficult, but at night it is an impossibility if no one in that village owns a "lorry." A member of the family may have to walk several miles to a neighboring village to wake up an owner of a lorry and promise to pay him much money before he will be able to get any transportation. By this time, you may be sure that the sick person is reaching a critical point because it would be only a very sick person or an obstructed obstetrical case that would bring them in to the hospital in the middle of the night.

It has taken much effort and healing to show the people that a hospital is not a place where you bring someone as a last resort after the local fetish priest has failed to restore health, nor a place to come to die. Gradually they are learning this. They are also the most grateful people that I have met. Even if the patient dies, they always say: "You have done well and have tried."

Sr. M. Malachy, Holy Family Hospital, Techiman, Ghana

CONGO

How to Get There?

On her way from Ghana to her new assignment in Virika Hospital, Fort Portal, Uganda, Sister M. Gregory, M.D.

stopped off for a few weeks with our Sisters in Pendjua, Congo. Sister M. Gregory flew from Ghana to Leopoldville and then asked for the plane to Inongo, the nearest airport to Pendjua. (Close in the Congo means about 200 miles.)

She was told very politely and in *French* that the plane had just left and there wouldn't be another for a week. "That's all right," said Sister, "I'll take the lorry." "Lorry" meant nothing to the French-speaking Congolese. Bus, auto, car, truck were no better. Finally, and after much parleying, Sister was made to understand that there *wasn't* any bus, in fact, there wasn't any road. The only alternative to next week's plane was a river boat—travel time: ten days; net gain: nothing.

It's no fun to be stuck in Leopoldville, not knowing anyone and not being able to talk to anyone. But the French-speaking nuns who took Sister in were ingenious as well as kind. From the Bush they summoned an English-speaking Dutch Mill Hill Priest. He not only explained Congolese distances and travel methods to Sister, he also took her sightseeing.

After a week, the plane took Sister to Inongo in a few hours. But there the *real* fun started! To get to Pendjua one has to take a little river steamer to Kiri. This takes eight hours, with luck. Halfway to Kiri the motor sputtered and died. It was stuck there till a "runner" brought the necessary part for the motor from the nearest town. By the time Sister had spent a night on the river bank, had transferred from boat to bus, and traveled several hours more to her destination, she was very glad to see some Medical Mission Sisters again.

Their excitement can well be imagined as the letter announcing her coming only arrived two weeks later. In no time the entire village rang with the news "Sister Gregory has come!" Sister M. Thoma, M.D., the only doctor in Pendjua and for many miles, had gone to Holland with Sister M. Hortense who was seriously ill. So the welcome left nothing to be desired, and more than made up for her trouble getting there.

Sister M. Gregory is now in Uganda and Sister M. Thoma is back in the Congo.

+ R.i.p.

Please pray for our benefactors recently deceased:

Rev. Joseph Dengel, Mill Hill, Tirol, Austria (Brother of Mother Anna Dengel, S.C.M.M.) + Rev. Laurence Maher, Phila., Pa. + Rev. Cyril C. Martindale, S.J., Petworth, England + Rev. Christopher Molloy, Forest Hills, N.Y. + Rev. Walter J. O'Donnell, C.S.C., Notre Dame, Indiana + Bro. Norbert Robert, C.S.C., Chomedey, Quebec, Canada + Bro. Ernest Ryan, C.S.C., Notre Dame, Indiana + Mrs. Francis Belz, Phila., Pa. (M.M. Aux.) + Mrs. Mary Foide, Phila., Pa. + Mr. Charles L. Gamache, Washington, D.C. + Mr. Frank Imrey, Washington, D.C. + Mrs. Veronica Lee, Jersey City, N.J. (M.M. Aux.) + Mr. William Malloy, Bronx, N.Y. + Mrs. Lena K. McInerney, Richmond Hill, N.Y. (Mother of Sr. M. Angelica, S.C.M.M.) + Mr. James Meehan, Jr., Phila., Pa. + Mrs. Delia O'Gorman, Hollis, N.Y. + Mrs. Margaret Rittenhouse, Phila., Pa. + Miss Margaret R. Tracy, Phila., Pa.

At the well of Haran, Jacob found Rachel the shepherdess. Then and there he fell in love with her. To win her as his bride he labored in her father Laban's service for seven years, and these years "seemed to him but a few days because of the greatness of his love". At last the wedding came, but the bride turned out to be the elder daughter, Lea instead of his beloved Rachel. For Rachel, Laban demanded yet another seven years of service. Nothing daunted, Jacob agreed. At last he married Rachel, and he loved her dearly as she had cost him much.

Jacob's love of Rachel is a type of Christ's love for his Bride the Church and of God's eternal love for His Virgin Bride and Mother. It is as the beautiful, beloved, and dearly won bride, that Rachel is a type of the Church and of Mary.

TYPES OF OUR LADY IN THE OLD TESTAMENT

The third of a series

Get the picture?

The present 15 MA portable X-ray unit in Holy Family Hospital, Karachi, West Pakistan is totally inadequate. A new 200 MA unit is "just what the doctor ordered." Your contribution towards the cost of $15,000.00 may help to save many lives. We are grateful to the parish in Chicago that already sent in their share.

MEDICAL MISSION SISTERS, Philadelphia 11, Pa.

Dear Sisters:

The picture I get is too small. Here is my gift $. . . . . for a larger X-ray machine for Karachi.

Name.....

Address.....

City.....Zone.....State.....